

## Invasive Meningococcal Disease Investigation Worksheet

☐ **Obtain demographic information.**

**Patient name:**

**Date:**

**Patient age:**

**Patient sex:**

**Patient contact information:**

**Hospital/physician contact information:**

**LHD investigator:**

☐ **Confirm the diagnosis.** Call the physician, infection control nurse, or laboratory to determine whether the organism was found by culture or Gram stain. If the cultures are negative, and no organism was found on the Gram stain, then contact the physician or infection control nurse to determine whether the case is considered to be clinically compatible with invasive meningococcal disease.

Confirmed?   Y   N                      Date and initials:

Not confirmed but with strong clinical suspicion?   Y   N

☐ **Notify the UDOH bacterial disease epidemiologist.** They will inform you whether additional cases are present in the community. This information may have bearing on the questions that you ask during the interview. Please notify a person directly rather than leaving information on voice mail or by email.

Person notified:

Date:

☐ **Determine date of disease onset.** Meningococcal disease has an abrupt and acute onset. The patient may have a mild upper respiratory infection as a comorbidity, but that would not be considered the date of disease onset.

Disease onset date:

☐ **Identify who is at risk.** This investigation should be started promptly. Meningococcal disease is spread through close contact: household members, contact with oral secretions, etc. The risk period is from 7 days prior to date of disease onset until 24 hours after initiation of appropriate antibiotics.

The risk period goes from \_\_\_\_\_ through \_\_\_\_\_.

Collect as much information as possible about the patient's activities and contacts during the above risk period. You may need to talk to the patient, their family and friends, school or daycare personnel, or others involved with the patient. If the patient is not responsive, and no family/friends are available, obtain information from the hospital, including the medical records.

1. Identify all people who ate or slept at the patient's dwelling during the risk period. (Use the Supplemental Disease Contact List to track contacts).
2. If patient is a child, identify all childcare and nursery school contacts, including children, employees, and volunteers, present during the risk period. Request that the facility administrator make a list of all possible contacts along with phone numbers. For children in elementary school through college, contacts are not likely to be at risk unless they meet definition #3.
3. Identify all close friends likely to share cigarettes, water bottles, food items, utensils, kissing etc. during the risk period.
4. If patient is an adult, inquire as to whether any co-workers meet definition #3.
5. Health care workers with mouth-to-mouth resuscitation or unprotected contact during endotracheal intubation during the risk period.
6. Find out if patient was on an airline flight during the risk period. If so, notify the UDOH of the airline, flight number, and date of travel.
7. If other cases of invasive meningococcal disease are active in the community, try and establish whether there is any linkage with the other cases.

☐ **Prophylaxis-** Document that all contacts have been offered prophylaxis, whether they actually received prophylaxis, the type of prophylaxis, and the date of prophylaxis. Ideally, prophylaxis should be given within 24 hours of identification of the index case. Do not give prophylaxis to individuals when more than 14 days have passed since the onset date.

Onset date plus 14 days:\_\_\_\_\_ If today's date is after this date, then discontinue prophylaxis efforts.

☐ **Surveillance** – If the patient is in childcare, school, or group living facility, alert the facility staff to watch for others who may develop symptoms such as high fever, irritability, etc. Continue surveillance in the facility until 14 days after disease onset.

Onset date plus 14 days:\_\_\_\_\_. Ask the facility to perform surveillance until this date.

☐ **Provide education materials to all close contacts.** The education materials can include: letters to school mates, fact sheets on invasive meningococcal

disease, fact sheets on vaccination and prophylactic antibiotics, information for close contacts to seek immediate medical attention if they develop a fever.

☐ **Fill out the ABCs Case Report Form (Rev 01-2002).** This can be found on the UDOH web site. Please be sure to include the following information:

- If patient is school-aged, what school do they attend and which grade
- Is the patient living in a residence facility (dorm, nursing home, etc.)
- Type of infection caused by the organism (ie bacteremia, meningococcemia, meningitis, pneumonia, etc.)
- Underlying causes of illness (past medical history)
- Meningococcal vaccine history.
- Hospitalization history (dates and facility)
- Outcome (survived, died)
- Sequelae (if patient survives with significant sequelae, please indicate the nature of the sequelae on the form)

☐ **If more than one case of meningococcal disease is circulating.** In addition to the ABCs Case Report Form, also fill out a copy of "Questionnaire to Link Multiple Cases of Illness".

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